## UTILITY PATENT APPLICATION

M4065.0383/P383-C Attorney Docket No. First Inventor Kie Y. Ahn LOW-LOSS COPLANAR WAVEGUIDES AND

TRA	ANSMITTAL	Title	METHOL	OF FA	BRICATIO	N		
(Only for new nonprovision	ess Mail Label No.							
	LICATION ELEMENTS concerning utility patent application	<u></u>	ADDRES			er for Patents 0	J.S. PT 9079	
X Fee Transmitta (Submit an origina Applicant claim See 37 CFR 1 Specification  (preferred arrange - Descriptive tit - Cross Refere - Statement Re - Reference to or a compute - Background c - Brief Summan - Brief Descripti - Detailed Desc - Claim(s) - Abstract of th - X Drawing(s) (35 - Oath or Declaration  a. Newly exert  b. X Copy from (for continua)  i. DELE Signed named	al Form (e.g., PTO/SB/17) al, and a duplicate for fee processing) is small entity status.  27.  [Total Pages]  ement set forth below) tile of the invention ince to Related Applications sequence listing, a table, ar program listing appendix of the Invention ry of the Invention ition of the Drawings (if filed) cription the Disclosure	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement (when there is an assignee)  11. English Translation Document (if applicable)  12. X Information Disclosure Statement (IDS)/PTO-1449 Citations  13. X Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
6. Application Dat	ta Sheet. See 37 CFR 1.76							
pecification following the X Continuation Prior application information Officer Continuation Officer Box 5b, is consider	mation: Examiner  R DIVISIONAL APPS only: The entered a part of the disclosure of the attack attack and the control of the attack attack.	et under 37 ion-in-part ( . Anduja ire disclosi ccompanyir i portion ha	7 CFR 1.76: (CIP) of prior  ar  ure of the prior and continuation	Art in pplication pplication, or division ently omitte	No.:  Unit: from which an eal application and	10/206,205 2826 oath or declaration is s	ed by	
X Customer Num				OR [	Correspon	dence address below		
Vame DIC	KSTEIN SHAPIRO MOR omas J. D'Amico		EHINSKY L	L				
Address 210	1 L Street NW							
ity Was	shington	State	DC		Zip Code			
		Telephone	(202) 785	-9700	Fax	(202) 887-068	9	
Name (Print/Type)	Thomas J. D'Amico		Registra	tion No. (A	ttorney/Agent)	28,371		
Signature	TO TO	TO			Date	January 20, 200	4	

012004	13281 U.S. Under the Pa	perwork Reduction Act of 1995, no pen	sons are requir	ed to re	espond to	U.S. Pa o a colle	atent and	d Trademark	Office: U.S.	ough 7/31/2006. OMI	COMMERCE	
	# <del> </del>				Complete if Known							
	$^{ op}$ FEE TRANSMITTAL			Application Number				NOT YET ASSIGNED				
				ľ					January 20, 2004			
	for FY 2004				First Named Inventor				Kie Y. Ahn			
	Effective 10/01/2003, Patent fees are subject to annual revision.				Examiner Name				Not Yet Assigned			
	Applicant claims small entity status. See 37 CFR 1.27				Art Unit N				N/A	V/A		
	TOTAL AMOUNT OF PAYMENT (\$) 856.00				Attorney Docket No. M4065.0383/P383-C					883/P383-C		
	METHO	DD OF PAYMENT (check all that a	ipply)				FEE	CALCUL	ATION (co	ntinued)		
	Check X Credit Money Other None				3. ADDITIONAL FEES							
	Deposit A	ccount:										
	Deposit Account	04-1073		Fee	Entity Fee	Fee	Entity Fee		Fee Desc	rintion		
	Number			Code	(\$)	Code	(\$)		i ee Desc	pao	Fee Paid	
	Deposit Account	Dickstein Shapiro Morin &		1051	130	2051	65	_	- late filing fe			
	Name The Director is a	Oshinsky LLPauthorized to: (check all that apply)	<b>-</b>	1052	50	2052	25	Surcharge - sheet.	<ul> <li>late provision</li> </ul>	onal filing fee or cover		
	Charge fee(	(s) indicated below X Credit any or	verpayments	1053	130	1053	130	Non-Englis	h specificatio	า		
	Charge any	additional fee(s) or any underpayment of f	ee(s)	1812	2,520	1812	2,520	For filing a re	equest for ex p	arte reexamination		
	Charge feet	(s) indicated below, except for the filing fe	90	1804	920*	1804	920*	Examiner a	publication o	7		
		ntified deposit account.	••	1805	1,840*	1805	1,840*	Requesting Examiner a	publication o	f SIR after		
		FEE CALCULATION		1251	110	2251	55		or reply withir	first month		
	1. BASIC FIL			1252	420	2252	210	Extension f	or reply withir	second month		
		imall Entity Fee Fee Fee Description	Fee Paid	1253	950	2253			or reply withir			
	Code (\$) Co	ode (\$)		1254	1,480	2254				fourth month		
	1	001 385 Utility filing fee 002 170 Design filing fee	770.00	1255 1401	2,010 330	2255 2401		Notice of A	or reply withir nneal	titth month		
		003 265 Plant filing fee		1402	330	2402			ef in support o	f an appeal		
	1004 770 2	004 385 Reissue filing fee		1403	290	2403	145	Request for	r oral hearing			
	1005 160 2	005 80 Provisional filing fee		1451	1,510	1451			-	lic use proceeding	<u> </u>	
		SUBTOTAL (1) (\$)	770.00	1452 1453	110	2452 2453	55 665		evive – unavo evive - uninte			
	2 FXTRACI	AIM FEES FOR UTILITY AND	REISSUE	1501	1,330	2501			fee (or reissu			
		Extra Fee from Claims below	Fee Paid	1502	480	2502	240	Design issu	ie fee			
	Total Claims 1	19 -20** = x =	0.00	1503	640	2503	320	Plant issue	fee			
	Independent Claims	4 -3** = 1 x 86.00 =	86.00	1460	130	1460	130	Petitions to	the Commiss	sioner		
	Multiple Depende	ent =		1807	50	1807	50	-	fee under 37		<u> </u>	
		mall Entity		1806	180	1806	180			n Disclosure Stmt		
		ee Fee <u>Fee Description</u>	<u>n</u>	8021	40	8021	40	property (tir	mes number o			
		202 9 Claims in excess of 20		1809	770	2809	385	Filing a sub (37 CFR 1.		final rejection		
		201 43 Independent claims in exce 203 145 Multiple dependent claim, if		1810	770	2810	385		dditional inver 37CFR 1.129			
		204 43 ** Reissue independent cla	,	1801	770	2801	385	Request for	r Continued E	xamination (RCE)		
	1205 18 22	over original patent 205 9 ** Reissue claims in excess	of 20	1802	900	1802	900		r expedited ex application	kamination		
		and over original patent		Other t	fee (spe	cify)						
	**or number pre	SUBTOTAL (2) (\$) viously paid, if greater; For Reissues, s	86.00 ee above	*Redu	iced by E	Basic Fi	iling Fee	Paid	SUBTO	TAL (3) (\$)	0.00	
	SUBMITTED BY											
	Name (Print/Type	Thomas J. D'Amico	1	Registr (Attorne	ration No ey/Agent)	28	,371		Telephone	(202) 828-2232		
	Signature		2				-		Date	January 20, 20	04	